

Vessel Owner's / Captain's / Crew Member's Questionnaire

(To be completed by the owner, captain and/or crew member as a supplement to the marine application)

INDIVIDUAL'S GENERAL INFORMATION														
Name:	<input type="checkbox"/> Owner <input type="checkbox"/> Captain <input type="checkbox"/> Crew Member													
Mailing Address:														
City, State & Zip Code:														
Date of Birth:														
Advise the number of years for each of the following where applicable: <table style="width: 100%; border: none;"> <tr> <td style="width: 33%;">Vessel Ownership:</td> <td style="width: 33%;">Excursion / Passenger Experience:</td> <td style="width: 33%;">Sailboat Experience:</td> </tr> <tr> <td>Captain Experience:</td> <td>Chartering Experience:</td> <td>Recreational Boat Experience:</td> </tr> <tr> <td>Crew Member Experience:</td> <td>Sport Fishing Experience:</td> <td>High Performance Boat Experience:</td> </tr> <tr> <td></td> <td>Commercial Fishing Experience:</td> <td>Commercial Vessel Experience:</td> </tr> </table>			Vessel Ownership:	Excursion / Passenger Experience:	Sailboat Experience:	Captain Experience:	Chartering Experience:	Recreational Boat Experience:	Crew Member Experience:	Sport Fishing Experience:	High Performance Boat Experience:		Commercial Fishing Experience:	Commercial Vessel Experience:
Vessel Ownership:	Excursion / Passenger Experience:	Sailboat Experience:												
Captain Experience:	Chartering Experience:	Recreational Boat Experience:												
Crew Member Experience:	Sport Fishing Experience:	High Performance Boat Experience:												
	Commercial Fishing Experience:	Commercial Vessel Experience:												
Other (explain):														
List any certificates and qualifications held:														
List any safety and boating courses completed:														
List all waters or areas you have navigated:														
Ever been convicted of a felony or DUI? <input type="checkbox"/> No <input type="checkbox"/> Yes, Explain:														
During the prior three (3) years, has any driver license been suspended, revoked or refused? <input type="checkbox"/> No <input type="checkbox"/> Yes, Explain:														
Any vessel or motor vehicle accidents or moving violations in the prior three (3) years? <input type="checkbox"/> No <input type="checkbox"/> Yes, Explain:														

VESSEL HISTORY					
<i>(use additional pages if necessary)</i>					
Vessel Name	Vessel Type	Home Port	Vessel LOA	Position Held	Dates

CLAIMS AND LOSS HISTORY				
<i>(last five years on all vessel owned, operated or crewed, whether insured or not)</i>				
<i>(use additional pages if necessary)</i>				
Year	Vessel Name	Details of Loss / Claim	Amount of Loss / Claim	Insurer

Have you at any time been involved in any major damages / total losses of any vessel whether insured or not?
 ☐ No ☐ Yes, Explain:

I hereby declare that the particulars and answers given in this questionnaire are in every respect true and correct and that I have not withheld any information which could influence the decision of the Company in regard to its acceptance.

Applicant's (Insured's) Signature

Printed Name

Title

Date

Agent's Signature

Printed Name

Title

Date